**Applicant's Section**To be Filled out by Applicant

Name:			DOB: _	/	_/
Address:					
City:		9	State:	Zip:	
Phone: ()	Em	nail:			
Name of Reference:					
I am authorizing the release of thapplication to North Florida Bapwill be held in confidence by the anyone else. I understand that thapplist College by the person cor	tist Colle college o is quest	ege. I und and will n ionnaire	derstand th ot be relea will be mail	nat the i sed to r ed to No	information nyself or to
Applicant's Signature:			Do	ate:	
<b>Persona</b> l To be Filled out by	_			ence	
Applicant's Character Ex Dependability Cooperation General Intelligence Ability to Get Along With Others	cellent	Good	Average	Poor	Unknown
In consideration, would you recon  ☐ Yes, with enthusiasm ☐ Yes ☐					
How long have you known the ap	plicant?				
Does the applicant pay their bills	on time	? □ Yes	□No □U	nknown	
Would you hire this applicant to v	vork for	you? 🗆	Yes □ No		
If no, please explain:					



Is the applicant the kind of person volume be close friends? ☐ Yes ☐ No	with whom yo	ou would want you	ur son or de	aughter to
If no, please explain:				
List any physical handicaps or defe				
Please list any significant factors in				
Your relationship to the applicant:				
Your Address: (Street)		(City)	(State)	(Zip)
Phone: ()				
Signature:		Date:		

NOTE: Send this form directly to the school. Do not return to the applicant!



12046 Normandy Boulevard, Jacksonville, Florida 32221 • 1-855-NFBC-4-ME Greg Neal, Chancellor

www.NFBC4ME.com